Access to Health Care in Idaho—Today and Tomorrow

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Introduction

- Access to affordable, quality health care is a critical issue in our country and at the heart of our national health care debate
- Look at access in Idaho currently and changes to access we might anticipate when provisions of the ACA go into effect in 2014

What does Access mean?

- IOM defined access as: the **timely use** of personal health services to achieve the **best possible** health outcomes
- Often people equate access with insurance coverage but insurance is no guarantee to accessing services

Access in Idaho Today

State demographics
Current health status for Idahoans
Barriers to Access
- Income
- Insurance status
- Geography

Access in Idaho Today

Idaho’s Health Care Safety Net
- Community Health Centers
- Rural Health Clinics
- Critical Access Hospitals

Looking forward to 2014—What can we expect?
- Impact of Affordable Care Act on:
  - who is insured
  - where and how care is delivered
  - overall health outcomes

Idaho Demographics

- Population 2010: 1,567,582
- % change 2000 to 2010: 21.1% vs. 9.7% U.S.
- Below poverty level: 14.4% (U.S. 14.3%)
- Children <18: 35%
- Adults 18-64: 53%
- Seniors 65+ yrs: 12%
- Hispanic: 11%
Idaho Demographics

- Idaho’s population is predicted to increase 24% by 2025 – 1,959,477
- Aging population is predicted to grow 82% by 2025

Current Health Status
Idaho and the US

<table>
<thead>
<tr>
<th>ID</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Expectancy</td>
<td>79.6 yrs</td>
</tr>
<tr>
<td>Smoking (adults)</td>
<td>15.7%</td>
</tr>
<tr>
<td>Obesity</td>
<td>26.3%</td>
</tr>
<tr>
<td>Low birthweight babies</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

Causes of Death
(age-adjusted rate per 100,000; 2009)

<table>
<thead>
<tr>
<th></th>
<th>IDAHO</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>159</td>
<td>178</td>
</tr>
<tr>
<td>Heart</td>
<td>154</td>
<td>190</td>
</tr>
<tr>
<td>Respiratory</td>
<td>95</td>
<td>81</td>
</tr>
<tr>
<td>Accidents</td>
<td>103</td>
<td>94</td>
</tr>
<tr>
<td>Stroke/hypertension</td>
<td>41</td>
<td>42</td>
</tr>
<tr>
<td>Diabetes</td>
<td>24</td>
<td>22</td>
</tr>
<tr>
<td>Alzheimer’s</td>
<td>24</td>
<td>23</td>
</tr>
<tr>
<td>Suicide</td>
<td>24</td>
<td>11</td>
</tr>
<tr>
<td>Influenza/Pneumonia</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>12</td>
<td>14</td>
</tr>
</tbody>
</table>

Barriers to Access - Income

- Income
  Idaho ranks #1 out of 50 states in overall measures of state economic distress: housing foreclosures and changes in unemployment and food stamp participation.

Barriers to Access - Insurance Status

“Among nonelderly adults, disproportionately high uninsurance rates were observed among young adults (ages 18 to 24), low-income adults (annual incomes below $25,000), and the unemployed. Idaho’s uninsurance rates also vary substantially by county and urban/rural location.”

Idaho’s Uninsured – Non Elderly 0-64

- Adults 216,149
  Children 46,971
Improving Access to Primary Healthcare

Increasing numbers of working adults in Idaho do not have health insurance.

Barriers to Access—Geography
- 59% of Idaho’s land area is rural or frontier
- 36% of Idaho’s residents live in the rural and frontier areas
- 71% of Idaho is designated “Medically Underserved”
- Rural environments can present unique challenges for health care access. There are often shortages of medical personnel, as well as transportation and distance barriers to care.

Barriers to Access—Geography
- National shortage of 29,800 by 2015, a 30% increase from 2010.
- Idaho may experience an increase in Medicaid enrollment that is 4x greater than the % increase in the number of physicians available to serve Medicaid patients.

Barriers to Access—Geography
- 19th in the nation for % of population lacking access to Primary Care
- All but 3 ½ Idaho counties are designated as primary care Health Professional Shortage Areas

Training Gaps
- No Medical School in Idaho
- 23 PM
- 8 IM for Primary Care
- 0 Peds
- 0 OB/GYN
- 0 Psychiatry

Limited Number of PC Residency Seats in Idaho

Training Gaps
- Idaho enrollments less than 1/3 national average
- Those that do apply rank among most qualified
What is Idaho doing to address these barriers?

- Idaho Health Care Summit convened & Governor’s Select Committee on Health Care established
- Recommendation to create an Idaho health professions council similar to the Utah Medical Education Council
- Idaho Health Professions Education Council (IHPEC) established by Executive Order 2009-07
- IHPEC submits Annual Report to Governor on its analyses of dental, nursing, physician assistant, and physician workforce.

Barriers to Access - Cost of Care

- Health Care Expenditures in Idaho
- Catastrophic Health Care Program
- Idaho Medicaid Program

Catastrophic Health Care Program

- The Catastrophic Health Care Program was established to meet the needs of the medically indigent in Idaho who do not qualify for state or federal health and welfare programs, but do qualify for county assistance.
- Beginning July 1, 2009 the resident county is responsible for the first $11,000 in medical bills for the medically indigent in any twelve-month period. The state program is responsible for all medical bills in excess of $11,000.

<table>
<thead>
<tr>
<th>Catastrophic Health Care Cost Program</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Capita Payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$14,646</td>
<td>$14,597</td>
<td>$14,898</td>
<td>$16,269</td>
<td></td>
</tr>
<tr>
<td>No of Cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>969</td>
<td>1187</td>
<td>1298</td>
<td>1500</td>
<td></td>
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<tr>
<td>Average cost per Case</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>$25,200</td>
<td>$24,002</td>
<td>$24,477</td>
<td>$27,735</td>
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Source: CSH/CEO Presentation to JFAC on Jan 27, 2011

What can we do in the future to ensure a strong primary care physician workforce in Idaho?

- Expand support for residency programs
- Support growth in medical student education
- Consider expanding Rural Physician Incentive Program

Idaho Medicaid State Plan

- The Idaho Medicaid State Plan is made up of the “Standard” State Plan which includes mandatory minimum benefits and three “Benchmark” plans that are aligned with health needs and include an emphasis on prevention and wellness.

<table>
<thead>
<tr>
<th>Idaho Medicaid State Plan Benefit Options</th>
<th>Standard Benefit Plan</th>
<th>Basic Benchmark Plan</th>
<th>Enhanced Benchmark Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federally required services</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Federally required services that do not align with individual health needs</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Employer contribution for family coverage</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Employer contribution for single coverage</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>68% of total premium</td>
<td>82% of total premium</td>
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The Idaho Medicaid State Plan is designed for participants with disabilities or special health care needs. This plan includes medically necessary services that are essential for the health of the participant.
Improving Access to Primary Healthcare

Idaho Medicaid Enrollment

- Enhanced Plan accounts for 22% of enrollees, 35% of expenses.
- Coordinated Plan has 7% of enrollees, 32% of costs.

Idaho Medicaid Costs

- Total spending $1.8 Billion
- $430M in state general funds
- $1,164B in federal funds (70/30 federal match)
- $54M in dedicated funds
- $107.4M in receipts

Idaho’s Health Care Safety Net

- Community Health Centers
- Critical Access Hospitals
- Rural Health Clinics

Idaho’s Health Care Safety Net

Community Health Centers

- Idaho Community Health Centers, 2010
- 13 organizations provide primary care, dental and mental health services
- 131,140 Patients
- 518,246 Visits
- 7,518 Migrant/Seasonal Farmworker Patients
- 6,780 Homeless Patients
Improving Access to Primary Healthcare

Idaho’s Health Care Safety Net

Critical Access Hospitals

- Critical Access Hospitals
  - 27 in Idaho
  - Rural hospital with no more that 25 IP beds
  - Average LOS for acute care 96 hours or less
  - Provide charity and uncompensated/discounted care
  - Receive cost-based reimbursement from Medicare and Medicaid

Rural Health Clinics

- 46 in Idaho
- Located in rural communities
- Some independent, some associated with CAH
- Provide preventive and primary care
- Receive cost-based reimbursement from Medicare and Medicaid

Looking ahead to 2014—Increased Coverage for Individuals

- ACA increases eligibility for health care coverage dramatically in 2014
  - All Idahoans under 135% of poverty will be eligible for Medicaid coverage. Idaho Medicaid estimates an additional 100,000 Idahoans will be eligible under the new regulations (mainly adults between 18 and 64)
  - All Idahoans under 400% of poverty will be eligible for subsidized coverage through the Health Insurance Exchange. Over 700,000 Idahoans have income between 135% and 400% of poverty. Many of these individuals have insurance coverage through their employer. Many will get coverage through the Exchange

Looking ahead to 2014—Changing Provider Incentives for Care

- ACA provides incentives to providers to adopt an electronic health record which will allow for improved quality of care, and improved coordination of care between providers
- ACA provides incentives and penalties for keeping people healthy and out of the hospital
  - Medical Home Development
  - Hospital penalties for readmissions within 30 days of discharge
Improving Access to Primary Healthcare

Looking ahead to 2014-Changing Provider Incentives for Care

- Investment in Primary Care
- “Medical Home” model
- Dramatic increase in the use of electronic health records
- Dramatic increase in health data exchanges and sharing of personal health information between the patient’s providers
- Increase of quality data to drive payment

State Policy Changes

- Idaho Medicaid Program transitioning to managed care model with emphasis on integration of care, medical home, in efforts to keep people healthier and keep costs down.
- Idaho Health Insurance Exchange will serve as an entry point for all low income uninsured Idahoans to determine eligibility for Medicaid or private insurance through the Exchange.

State Policy Changes

- Governor’s Healthcare Council - focus on health service delivery, affordability and accessibility, and health service delivery
- Idaho Health Data Exchange - focus on building a system to allow providers, hospitals, and other ancillary services to share patient data
- Idaho Medical Home Collaborative - focus on developing the medical home model and reforming payment methods

Other Health Care Innovations

- Formation of Accountable Care Organizations (ACOs) brings many unknowns.
- ACO represents an integrated system of care that is responsible for the total health care of an individual. Risk-based model that integrates health care services from preventive/primary care to specialty care to hospital care.

Conclusions

- Current Idaho demographics show some weaknesses and some strengths for our population
- Workforce shortages critical in Idaho and will continue to be an issue
- The ACA brings many potential improvements and many unknowns. Danger of unintended consequences difficult to identify

QUESTIONS?

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